

09/1767485

PTO/SB/06 (08-00)  
 Approved for use through 10/31/2002. OMB 0651-0032  
 U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <b>09 76 7485</b>	
<b>CLAIMS AS FILED - PART I</b>					<b>SMALL ENTITY OR OTHER THAN SMALL ENTITY</b>	
(Column 1) (Column 2) (Column 3)						
FOR	NUMBER FILED	NUMBER EXTRA			RATE	FEE
BASIC FEE (37 CFR 1.16(a))						\$ 355
TOTAL CLAIMS (37 CFR 1.16(c))					x \$ 9 =	234
INDEPENDENT CLAIMS (37 CFR 1.16(b))					x 40 =	160
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ ____ =	
					TOTAL	749
					OR	TOTAL
<b>CLAIMS AS AMENDED - PART II</b>					<b>SMALL ENTITY OR OTHER THAN SMALL ENTITY</b>	
(Column 1) (Column 2) (Column 3)						
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	Minus	=		x \$ ____ =	OR x \$ ____ =
	Independent (37 CFR 1.16(b))	Minus	=		x ____ =	OR x ____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ ____ =	OR + ____ =
					TOTAL	OR TOTAL
					ADDIT. FEE	ADDIT. FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	Minus	=		x \$ ____ =	OR x \$ ____ =
	Independent (37 CFR 1.16(b))	Minus	=		x ____ =	OR x ____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ ____ =	OR + ____ =
					TOTAL	OR TOTAL
					ADDIT. FEE	ADDIT. FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	Minus	=		x \$ ____ =	OR x \$ ____ =
	Independent (37 CFR 1.16(b))	Minus	=		x ____ =	OR x ____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ ____ =	OR + ____ =
					TOTAL	OR TOTAL
					ADDIT. FEE	ADDIT. FEE

\* If the difference in column 1 is less than zero, enter "0" in column 2.

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.  
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY